PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION.

L	P/	AIENT AF	Applic	Application or Docket Number							
Γ		21	19,	14/83/822							
1	1	CLAIM	D – PART I	(Column 2)		SMALL ENTITY			/ OTHI SMAL	ER THAN L ENTITY	
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				D PART II		TOTAL	L	OR	TOTAL	410	
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AM	FIRST PRESEN	TATION OF MU	LTIPLE DEPEN	DENT CLAIM (37	1	x \$= +s =		OR	X \$=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								OR	+ \$ =	
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മ		CLAIMS		(Column 2 HIGHEST		1 [ī	·	
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ΛĒ	Independent (37 CFR 1.16(b))	•	Minus	***	=		(\$ =		OR	X \$=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								OR	× \$=	
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ENT C		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	(Column 3) PRESENT EXTRA	Γ	RATE	ADDI-	[RATE	ADDI-
OME	Total (37 CFR 1.16(c))	• AMENDMEN	Minus	PAID FOR	=	-		TIONAL FEE			TIONAL FEE
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							OTAL		OR	+ \$=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											
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The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT APPLICATION FEE DETERMINATION RECORD Application of Determination unless it displays a valid OMB control number Application of Decket Number												control number	
Substitute for Form PTO-875											19	1832	822
CLAIMS AS FILED - PART I (Column 1) (Column 2)								_	SMALL	ENTITY	OR	OTHE SMALI	R THAN ENTITY
В	FOR NUMBER FILED NUMBER EXTRA BASIC FEE						ł	RATE	FEE	7		T	
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М	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							1		 	OR	X \$=	
	* If the difference in column 1 is less than zero, enter "0" in column 2.								+ \$=	 	OR	+ \$=	
									TOTAL		OR	TOTAL	710
CLAIMS AS AMENDED - PART II												**	
- 4	(Column 1) (Column 2) (Column 3) ✓ CLAIMS HIGHEST								SMALL	ENTITY	OR	OTHER THAN SMALL ENTITY	
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¥		\prec						L×	\$=		OR	x \$=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								s=		OR	+ s =	
•	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Poid Forth National 2, write "0" in column 3.								OTAL DD'L FEE		OR	TOTAL ADD'L FEE	
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".													
The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. SPTO to process) an application, Coofficial Control of the information is required to obtain or retain a benefit by the public which is process.													

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